

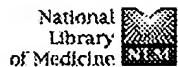
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Environ. Biol. Fish.

Antifungal agents vs. boric acid for treating chronic mycotic vulvovaginitis

Jovanovic B, Congema F, Nguyen HT

Related Articles, Books, LinkOut

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Searches

Department of Obstetrics and Gynecology, New York Hospital-Cornell University Medical Center, New York

Ninety-two women with chronic mycotic vaginal infections were followed with microscopic examination of the vaginal discharge during prolonged therapy with antifungal agents and boric acid. A microscopic picture unique to chronic mycotic vaginitis was observed, representing the cytologic reaction of the mucous membrane to chronic yeast infection. This diagnostic tool proved extremely effective in detecting both symptomatic and residual, subclinical mycotic infection and provided a highly predictive measure of the probability of relapse. The ineffectiveness of conventional antifungal agents appeared to be the main reason for chronic mycotic infections. In contrast, boric acid was effective in curing 98% of the patients who had previously failed to respond to the most commonly used antifungal agents and was clearly indicated as the treatment of choice for prophylaxis.

Publication Types:

- Clinical Trial

PMID: 1941801 [PubMed - indexed for MEDLINE]

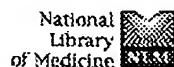
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1: Sex Transm Dis 1981 Oct-Dec;8(4 suppl):316-20 [Related Articles](#), [Books](#), [LinkOut](#)

Entrez PubMed

Current therapy of vulvovaginitis.

Rein MF.

Trichomoniasis is reliably treated with a single 2-g dose of metronidazole; however, with this regimen simultaneous treatment of sexual partners is particularly important. Trichomoniasis in pregnant women, who should not receive metronidazole, might be treated initially with clotrimazole vaginal suppositories, which appear to cure about 50% of cases. Topical antifungal agents of the imidazole class are superior to polyenes in treating vulvovaginal candidiasis. Boric acid powder applied intravaginally in gelatin capsules for 14 days appears as effective as imidazoles. Nonspecific vaginitis is now recognized as involving infection with anaerobic bacteria of the vaginal flora as well as *Gardnerella vaginalis*. The condition is most successfully treated with a seven-day course of metronidazole, which probably acts by eradicating the anaerobes. In addition, metabolites of metronidazole may act directly on *G. vaginalis*. Sulfanilamide-aminacrine-allantoin preparations are much less effective than specific therapies and have no role in the treatment of vulvovaginitis.

PMID: 7330756 [PubMed - indexed for MEDLINE]

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File: DWPI

DERWENT-ACC-NO: 1967-04281G

DERWENT-WEEK: 196800

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TITLE: Cycloalkenyl glycol boric acid esters

PATENT-ASSIGNEE:

ASSIGNEE US BORAX & CHEM CORP CODE USBO

PRIORITY- DATA: 1962US-0197243 (May 24, 1962)

PATENT - FAMILY :

PUB-NO	PUB-DATE	LANGUAGE	PAGES	MAIN-IPC
US 3189637 A			000	

ABSTRACTED-PUB-NO: US 3189637A

BASIC-ABSTRACT:

Compounds of formula: - R-M where R = an unsaturated alicyclic group or unsaturated bicyclic group, either being opt. subst. by chlorine; M = the group: R' is alkylene (chain length C2-C3) containing a total of 2-20C atoms n = 1 or 2.

Specific claims to 2-exoendo-(2'-(4',4',6'-trimethyl-1',3',2'-dioxaborinan yloxy)meth- yl)-bicyclo(2,2,1)hept-5-ene; 2-(2'-methyl-1',2',3',6'-tetrahy drobenzyloxy)-1,3,2-dioxaborolane- ; 1,4,5,6,7,7-hexachloro-2,3-endo-di-(2 '-(4',4',6'-trimethyl-1',3',- 2'-dioxaborinanyloxy)methyl)-bicyclo(2,2,1)- hept-5-ene.

Inters. for polymers; curing agents for resins; fuel additions; herbicides, fungicides and bacteriostatic agents; the chlorine containing compounds are insecticides.

TITLE-TERMS: CYCLOALKENYL GLYCOL BORIC ACID

DERWENT-CLASS: COO

CPI-CODES: C05-B01A; C12-A01; C12-A02; C12-N02; C12-P05;

CHEMICAL-CODES.

Chemical Indexing M0 *01*

Fragmentation Code

Fragmentation code
B605 B713 B832 B833 F140 F163 F199 G621 G622 G623
G051 G561 G562 G050 H602 H608 H609 M240 M232 M233
M331 M333 P341 P140 P145 P002 P001 P220 P241 P242
M411 M900

Chemical Indexing M0 *02*